

ACORD™ AUTOMOBILE LOSS NOTICE								DATE (MM/DD/YYYY)	
PRODUCER		PHONE (A/C, No, Ext): 800-488-2930 FAX (A/C, No): 402-393-7619 Charlson - Wilson Insurance PO Box 1989 Manhattan, Ks. 66505		COMPANY Cornhusker Casualty		NAIC CODE:		MISCELLANEOUS INFO (Site & location code)	
CODE:		SUB CODE:		EFFECTIVE DATE 4-1-2005		EXPIRATION DATE 4-1-2008		DATE OF ACCIDENT AND TIME	
AGENCY CUSTOMER ID:								<input type="checkbox"/> AM <input type="checkbox"/> PM PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSURED				CONTACT		CONTACT INSURED			
NAME AND ADDRESS			SOC SEC # OR FEIN:		NAME AND ADDRESS			WHERE TO CONTACT	
State Of Kansas Dept. of Administration / Angela Hoobler 900 SW Jackson Room 653 S. Topeka, KS 66612					Agency Name: Agency Address: Agency Contact:			At Agency	
RESIDENCE PHONE (A/C, No)			BUSINESS PHONE (A/C, No, Ext)		Phone		Fax		WHEN TO CONTACT
N/A			N/A						
LOSS					AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS		
LOCATION OF ACCIDENT (Include city & state)					REPORT #:				
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)									
POLICY INFORMATION									
BODILY INJURY (Per Person) N/A		BODILY INJURY (Per Accident) N/A		PROPERTY DAMAGE N/A		SINGLE LIMIT N/A		MEDICAL PAYMENT N/A	
								OTC DEDUCTIBLE N/A	
LOSS PAYEE XX						COLLISION DED N/A		OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc) N/A	
UMBRELLA/ EXCESS		X		UMBRELLA		X		EXCESS	
CARRIER:		XXXXXXXXXXXXXXXXXXXX		LIMITS:		XXXXXXXXXXXX		AGGR XXXXXXXXXXXXX	
PER CLAIM/QCC		XXXXXXXXXX		SIR/DED					
INSURED VEHICLE									
VEH #		YEAR		MAKE:		BODY TYPE:		PLATE NUMBER	
				MODEL:		V.I.N.:		STATE	
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):			
						BUSINESS PHONE (A/C, No, Ext):			
DRIVER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):			
(Check if same as owner)						BUSINESS PHONE (A/C, No, Ext):			
RELATION TO INSURED (Employee, family, etc.)		DATE OF BIRTH		DRIVER'S LICENSE NUMBER		STATE		PURPOSE OF USE	
								USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?		OTHER INSURANCE ON VEHICLE	
PROPERTY DAMAGED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO									
DESCRIBE PROPERTY (If auto, year, make, model, plate #)				OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME:			
						POLICY #:			
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):			
						BUSINESS PHONE (A/C, No, Ext):			
OTHER DRIVER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):			
(Check if same as owner)						BUSINESS PHONE (A/C, No, Ext):			
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?					
INJURED									
NAME & ADDRESS				PHONE (A/C, No)		PED <input type="checkbox"/>		INS <input type="checkbox"/>	
						OTH <input type="checkbox"/>		AGE	
								EXTENT OF INJURY	
WITNESSES OR PASSENGERS									
NAME & ADDRESS				PHONE (A/C, No)		INS <input type="checkbox"/>		OTH <input type="checkbox"/>	
						VEH <input type="checkbox"/>		OTHER (Specify)	
REMARKS (Include adjuster assigned)									
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED			SIGNATURE OF PRODUCER		
							Daniel R. Messelt		

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania and Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In D.C., LA, ME and VA insurance benefits may also be denied.

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.